

Name In Full

Certificate of Death

Pasivon Armstrong  
 Town County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

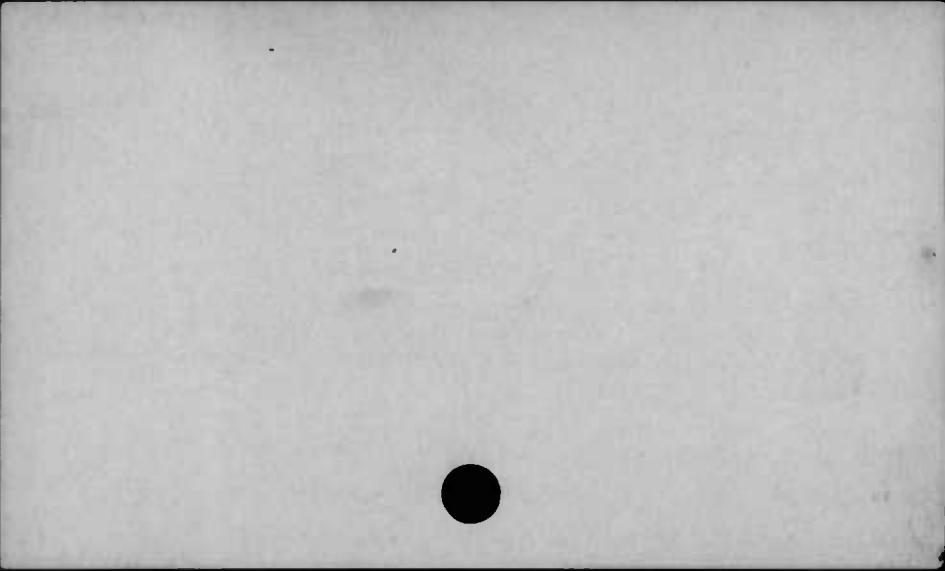
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name In Full

Certificate of Death

4  
Heddie Baker

Town

County

Died at

MARYLAND

Died at *Sherrills* *Worcester*  
 Date 1902 *Feb* *3* Month Day Y. M. D. Age *22* Native of *Ind* Occupation *Hammer*  
 Male White Married ~~Widow~~ Divorced ~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *1*

Husband  
of  
Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death Immediate

*yes*

How long sick

*Very sudden*~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

None

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896

Dr R. P. Collins  
Attended  
Bishopville ind

Name In Full

Certificate of Death

Died at *Refused*  
*Barlin* <sup>Town</sup> *Worcester* <sup>County</sup> **MARYLAND**  
 Date 19 *02* <sup>Month</sup> *2* <sup>Day</sup> *7* Age *7* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Native of *Worcester* Occupation \_\_\_\_\_  
~~Male~~ <sup>White</sup> ~~Colored~~ <sup>Married</sup> ~~Single~~ <sup>Widow</sup> ~~Divorced~~ <sup>Widower</sup> ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79605





Name in Full

Certificate of Death

Eleanor Bodley

Town

County

Died at

Berlin

Worcester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 6

Age

82

Worcester

Matron

~~Female~~ Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

6

Husband of

Wife

Father's

Name

Leonard Bodley 134

Mother's

Maiden Name

Cause of

Primary

Child Birth

How long sick

1 week

Death

Immediate

Bronchitis

~~Accident, Suicide, Homicide~~

Reported by

Leonard Bodley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Isaac J. Bowen  
 Town County

Died at

MARYLAND

Date 19 02 - 2 - 2  
 Month Day Y. M. D.  
 Age 68 - -  
 Native of Occupation  
 Male White Married Widower Divorced  
 Female Colored Single Widower  
 Number of children living 5

Husband of  
 Wife of  
 Father's Name  
 Mother's Name  
 Maiden Name

Cause of Primary

Death Immediate

How long sick

1 month  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Edward Thomas Brittingham

Town

County

Died at

Pocomoke City

Worcester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

28

Age

68

Maryland

Captain

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Cause of

Primary

Consumption

Death

Immediate

Mother's

Maiden Name

Jane Sumbler

How long sick

6 years

Accident, Suicide, Homicide

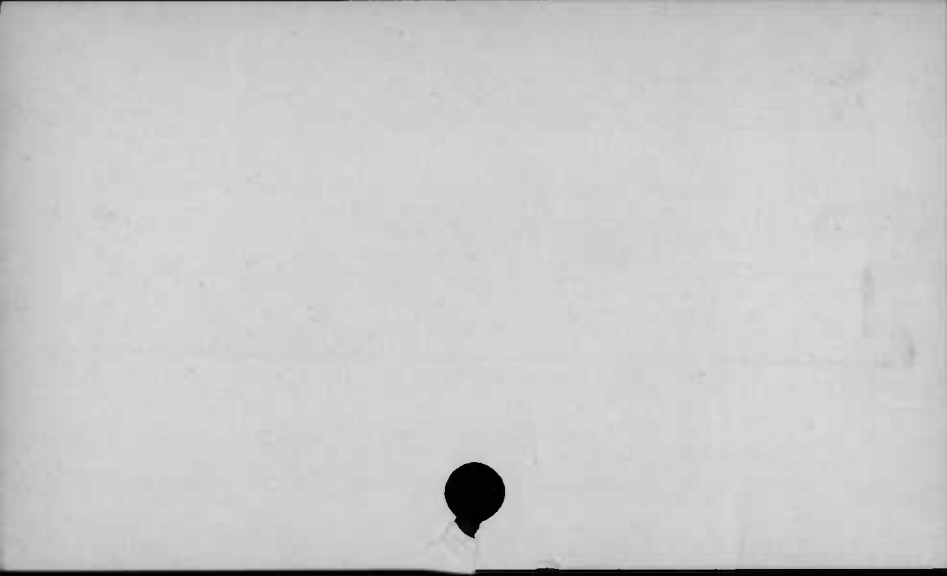
Reported by

C. F. Hargis

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72809



Name in Full

Certificate of Death

George Gray Colord

Town

County

Died at

Date 1902

Ocean City

Forrester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 23

Age 24

Ocean City

Labourer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

dislocation of Vertebra

How long sick

Death

Immediate

of neck

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Dr Wm J Hearn

Address

Ocean City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Liner Corner

Died at Strooksta Worcester MARYLAND  
 Town County  
 Date 1902 Feb 14 Age 80 Native of Va. Occupation House Keeper  
 Male White Married Widow Divorced Number of children living 1  
 Female Colored Single Widower

Husband of Martin Corner  
 Wife Geo. Birch Mother's Drut Burr  
 Father's Name Maiden Name

Cause of Death { Primery Immediate Asphyxy 64 How long sick 6 days  
 Accident, Suicide, Homicide

Reported by Geo D. Diablen MD  
 Address Strooksta Worcester 3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Elaspy Fisher*  
 Town County

Died at *New Bedford* *Worcester* MARYLAND

Date 1902 *Feb* *4* Month Day Y. M. D. Age *19* Native of *Mass* Occupation  
 Male White Married Widowed  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's  
 Maiden Name

Cause of

Primary

Immediate

Death

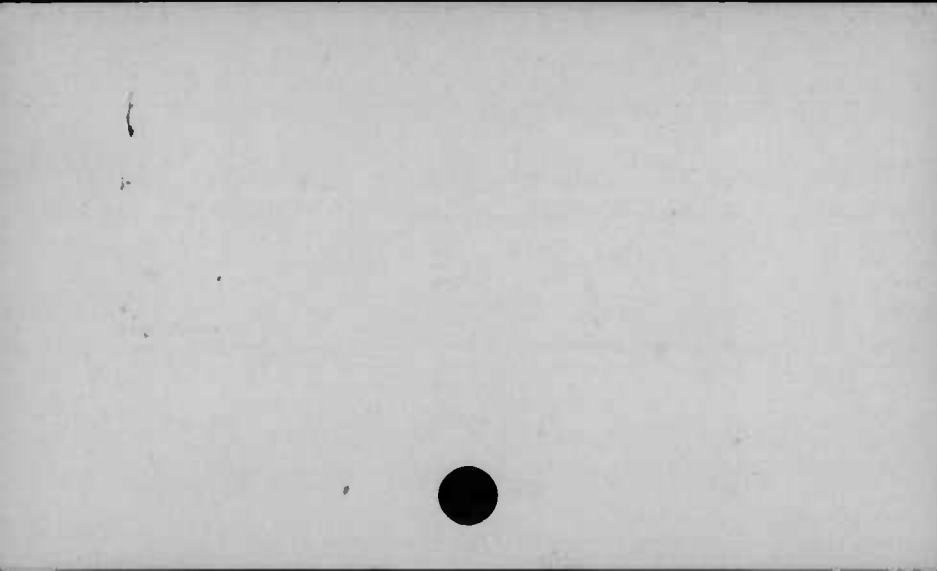
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Willard Hargis  
 Town County  
 Died at Pocomoke City Hargis MARYLAND  
 Date 19'02 2 10 Age 1  
 Male ~~White~~ Married Widow Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name Harry Hargis Mother's Maiden Name Minnie Hargis

Cause of Death { Primary Cramp  
 Immediate  
 How long sick 2 days  
 Accident, Suicide, Homicide

Reported by S. F. Hargis

Address Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

*Elinor Hearn*  
 Town *Pocomoke City* County *Worcester* MARYLAND  
 Died at  
 Date 1902 Month 2 Day 13 Age 80 Y. M. D. Native of *md* Occupation *cook*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living 5

~~Husband~~ of *Isaac Hearn*  
 Wife  
 Father's Name *Unknown* Mother's Maiden Name *Unknown*

Cause of Death { Primary *Bronchitis* How long sick *two weeks*  
 Immediate *Heart failure* 90  
 Accident, Suicide, Homicide

Reported by *J. H. King*  
 Address *Pocomoke City, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

2 20

Age

73 2 7

Ind

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Not named

Landing

Town

County

Worcester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

1902

2

24

Age

2

---

md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Ellon Landing

Mother's

Maiden Name

90  
Angella Redden

Cause of

Primary

Bronchitis following

How long sick

5 days

Death

Immediate

Heart failure dyspnoea

Accident, Suicide, Homicide

Reported by

W. N. Wilkins

Address

Proctorville City

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



No Name. Born dead.

Died at <sup>Town</sup> Key Gunge <sup>County</sup> Worcester MARYLAND

Date 1902. <sup>Month</sup> 2 <sup>Day</sup> 18 | Age <sup>Y.</sup> 0 <sup>M.</sup> 0 <sup>D.</sup> 0 | <sup>Native of</sup> Md | <sup>Occupation</sup> —

Male <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
 Female <sup>Colored</sup> ~~Single~~ <sup>Widower</sup> Number of children living 1

Husband of

Wife

Father's Name Wm Mills Mother's Maiden Name Lora Mannel

Cause of Death { Primary Born Dead } How long sick  $\phi$   
 { Immediate } Accident, Suicide, Homicide

Reported by

Address

Sallie A Kimmell  
 Key Gunge Md Midwife

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nancy Ann Manner

Died at <sup>Town</sup> Stokely <sup>County</sup> Worcester MARYLAND

Date 19 02 <sup>Month</sup> Feb <sup>Day</sup> 1 Age 82 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Native of Wm Occupation Housekeeper

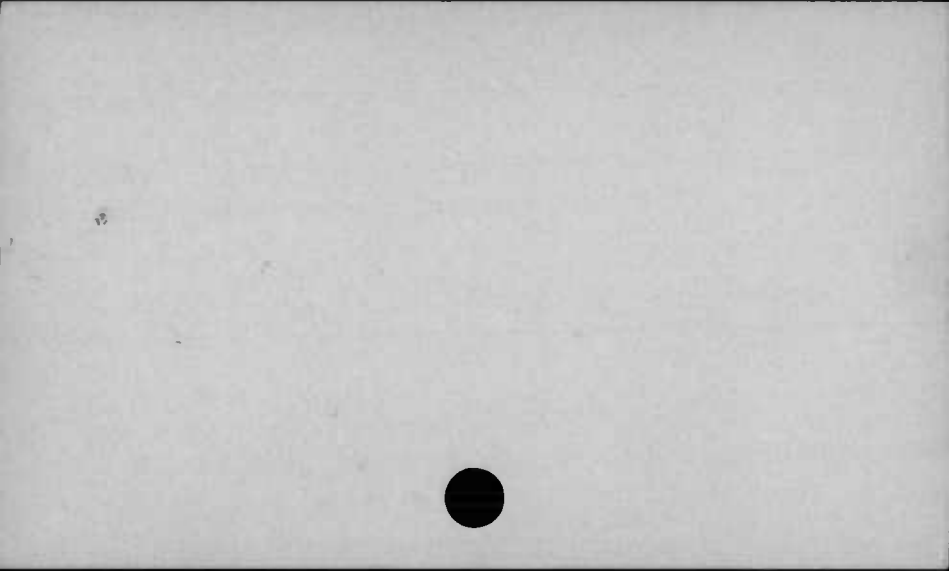
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of James Manner  
 Wife  
 Father's Name Mother's Name  
 Maiden Name

Cause of Death { Primary Apoplexy 64 How long sick 3 days  
 Immediate Heart failure Accident, Suicide, Homicide

Reported by Dr. D. Dickerson, M.D.  
 Address Stokely Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Age

Maryland

Female

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~

Number of children living

~~Husband~~ of~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Epileptic Fito

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888



Name in Full

Certificate of Death

Ester Nelson

Town

County

MARYLAND

Died ~~at~~ near Snow Hill Worcester

Month Day

Y. M. D.

Native of

Occupation

Data 1902

2 13

Age 91-1-5

Maryland

Housekeeper

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

~~Husband~~  
of

Wife - Samuel Nelson

Father's

Mother's

Name - Bohanan Maiden Name - 154

Cause of

Primary

Old age

How long sick

3 months

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

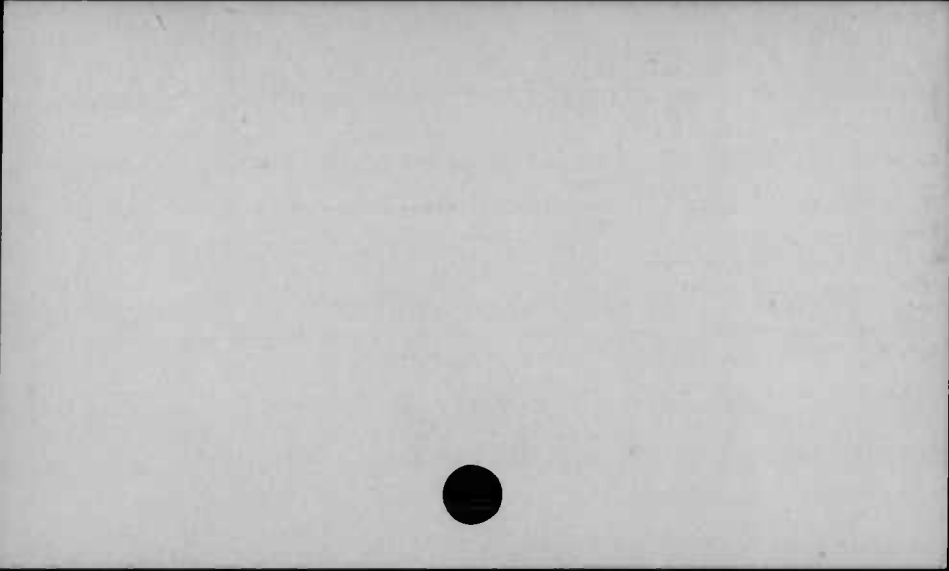
John H. Delotto

Address

Snow Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.



Name in Full

Certificate of Death

Joseph Noel

Town

County

Died at

Pocomoke

Morse

MARYLAND

Date

1902

Month

2

Day

10

Y.

M.

D.

Age

4

Native of

Md

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

E. W. Noel

Mother's

Name

Lennie Landford

Cause of

Primary

Membranous Croup

How long sick

30 days

Death

Immediate

Convulsion

Accident, Suicide, Homicide

Reported by

H. N. Wallis

Address

Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



*Infant*  
 Died at *North* <sup>Town</sup> *Shore* <sup>County</sup> *Worcester* **MARYLAND**  
 Date 19 *02* <sup>Month</sup> *2* <sup>Day</sup> *7* Age *1* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> *Worcester* <sup>Native of</sup> <sup>Occupation</sup>  
 Male <sup>White</sup> <sup>Marrried</sup> <sup>Widow</sup> <sup>Divorced</sup>  
~~Female~~ <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband  
of  
Wife

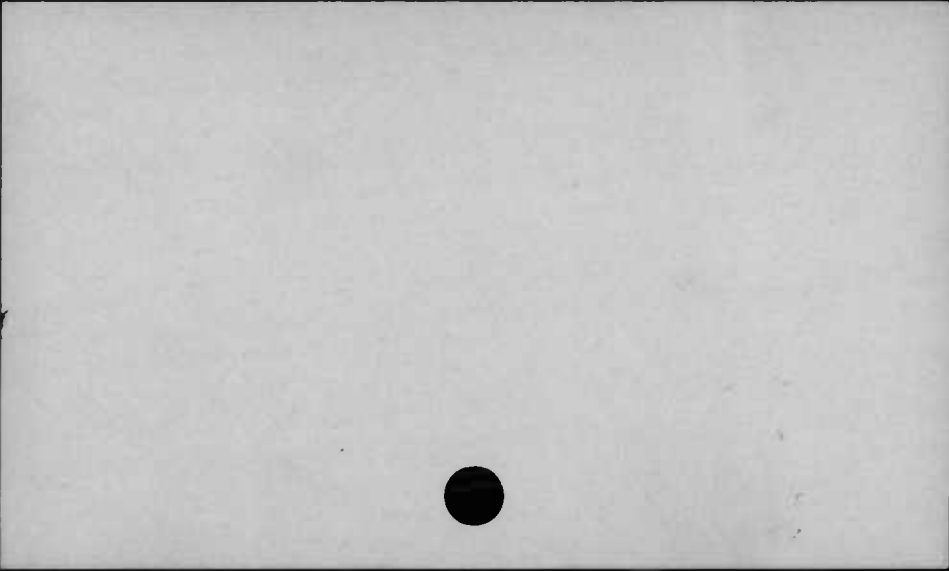
Father's Name *Geo Parsons* Mother's Maiden Name *\_\_\_\_\_*

Cause of Death { Primary *\_\_\_\_\_* Immediate *\_\_\_\_\_* } How long sick *151* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Lizzie Postley*  
 Town \_\_\_\_\_ County *Worcester* MARYLAND

Died at *near Bishop*

Date 19 *02* Month *Feb* Day *8* Age *50* Native of *Maryland* Occupation *House work*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widowed ☐ Divorced ☐ Single ☒ Widower ☐ Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife of *William Postley*

Father's Name *do not know* Mother's Maiden Name *do not know*

Cause of Death { Primary *Consumption* Immediate *No* } How long sick *6 months* Accident, Suicide, Homicide ☒

Reported by *Franker Watson* *by Keyan*

Address *Selbyville Del* *Bishopville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm R Spurrier

Town

County

Died at

Snow Hill Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

2

18

Age

53 - 7 -

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

1 year

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

1890  
1891  
1892  
1893  
1894  
1895  
1896  
1897  
1898  
1899  
1900

Name in Full

Certificate of Death

Emma Thomson

Town

County

Died at

Berlin

Worcester

MARYLAND

Date 19

02

Month

Day

2 13

Age

Y.

M.

D.

17 - -

Native of

Worcester

Occupation

dr

Female

White

Married

Widow

Divorced

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Nancy Thomson

Cause of

Primary

Consumption

How long sick

1 Month

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mrs Littleton

Address

Berlin

Sud

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

William Garner Col

Town

County

Died at New Bishop

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

27

Md

Labourer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

No

Accident, Suicide, Homicide

Reported by

Pamela Watson

By Beysie

Address

Belleville Ind

Bishopswille Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Bertie Anna Ward

Town

County

Died at

Goodwill

Worchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

February 13<sup>th</sup>

Age 21

2-20

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Benjamin Ward

Mother's

Maiden Name

Oswella Rock

Cause of

Primary

Consumption &amp; Bronchitis

How long sick

10 years

Death

Immediate

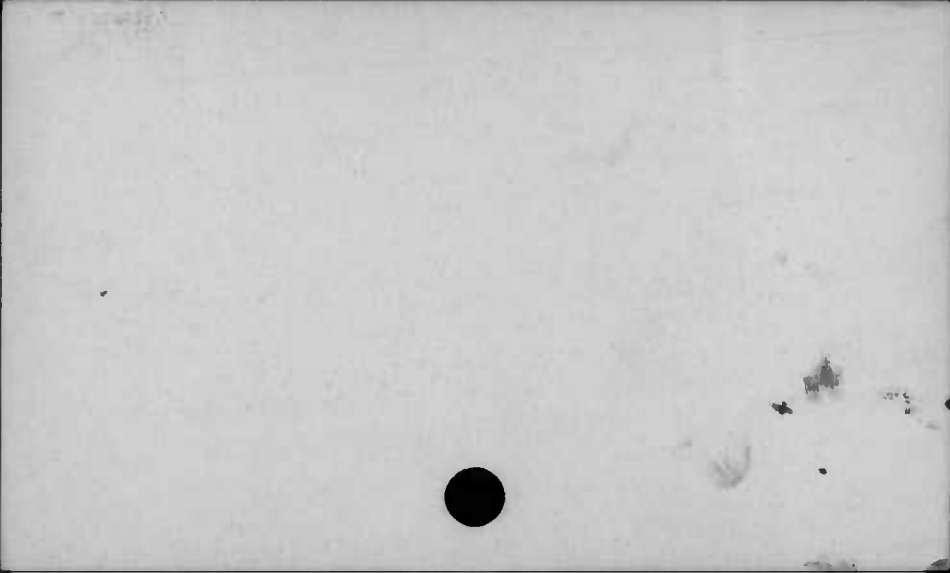
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at Pocomoke City Town Worcester County MARYLAND  
 Date 19 12 Month 2 Day 10 Y. 24 M. 24 D. 24 Native of MD Occupation Seaman  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Wife

Father's Name Isaac Hearn Mother's Maiden Name Elizabeth Crutcher

Cause of Death { Primary Don't know How long sick over 10 days  
 { Immediate " " 179 ~~Accident, Suicide, Homicide~~

Reported by J. V. KingAddress Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2 27

Age

25 - - -

Worcester

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19008

Dr Paul Jones M.D.

Snow Hill

N.C.

Name In Full

Certificate of Death

Thomas E Whittington

Town

County

Died at near Poconoche

Worcester

MARYLAND

Date 1902 Month Feb Day 22 Age 80 Y. M. D. Native of America Occupation Retired Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living One

Husband of Rebecca Polk Whittington

Father's Name James Whittington Mother's Name Boulbourn

Cause of Primary Old Age

How long sick

Gradually weeks

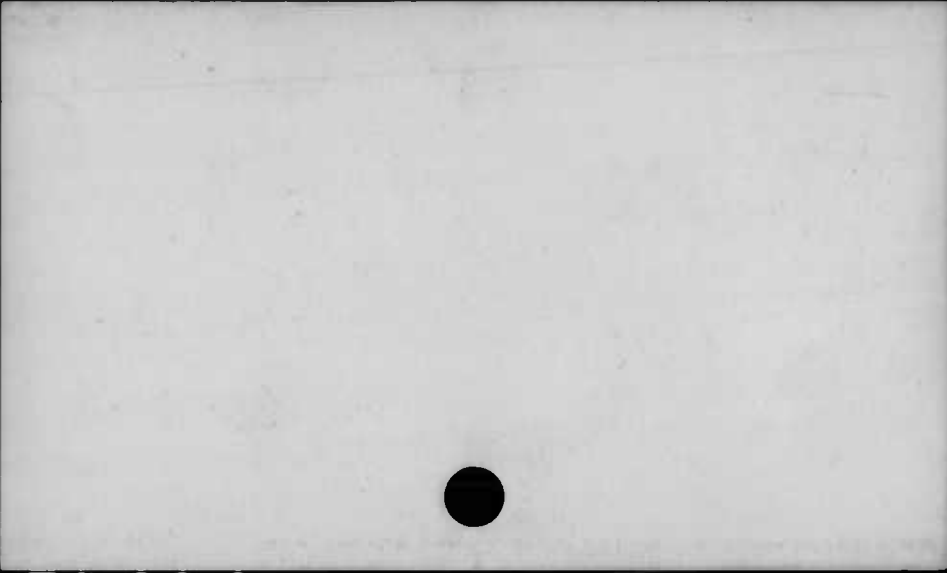
Death Immediate Debility

Accident, Suicide, Homicide

Reported by J J Leoster

Address Poconoche Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 15

Age 89

--

Snows Hill

Farmer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

0

Husband of

Wife

Lottie Williams

Father's

Mother's

Name

unknown

Maiden Name

unknown

Cause of

Primary

Old Age

How long sick

3 months

Death

Immediate

Broncho-Pneumonia

Accident, Suicide, Homicide

Reported by

William S. Williams

Address

Snows Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Major William Donnell  
Maryland

Major William